



## DEATH INVESTIGATION SUMMARY

Case Number: 2017-06753

ATCHISON, WILLIAM

**County Pronounced:** San Juan

**Law Enforcement:**

**Agent:** NMSP Agent R. Matthews

**Date of Birth:** 3/18/1996

**Pronounced Date/Time:** 12/7/2017 4:25:00 PM

**Central Office Investigator:** Rhonda Moya

**Deputy Field Investigator:** Rhonda Moya

### CAUSE OF DEATH

Intraoral gunshot wound of head

### MANNER OF DEATH

Suicide

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**Mark Giffen, DO**

Pathology Resident

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**Lauren E Dvorscak, MD**

Medical Investigator, Assistant Professor of Pathology

All signatures authenticated electronically

Date: 2/2/2018 4:21:41 PM

## **DECLARATION**

The death of ATCHISON, WILLIAM was investigated by the Office of the Medical Investigator under the statutory authority of the Office of the Medical Investigator.

I, Lauren E Dvorscak, MD, a board certified anatomic, clinical, and forensic pathologist licensed to practice pathology in the State of New Mexico, do declare that I personally performed or supervised the tasks described within this Death Investigation Summary document. It is only after careful consideration of all data available to me at the time that this report was finalized that I attest to the diagnoses and opinions stated herein.

Numerous photographs were obtained along the course of the examination. I have personally reviewed those photographs and attest that they are representative of findings reported in this document.

This document is divided into 8 sections with a final Procedural Notes section:

1. Summary and Opinion
2. External Examination
3. Medical Intervention
4. Postmortem Changes
5. Evidence of Injuries
6. Internal Examination
7. Microscopy
8. Postmortem Computed Tomography

Should you have questions after review of this material, please feel free to contact me at the Office of the Medical Investigator (Albuquerque, New Mexico) - 505-272-3053.

**Medical Investigator**

Lauren E Dvorscak, MD

**Medical Investigator Trainee**

Mark Giffen, DO

**SUMMARY AND OPINION****PATHOLOGIC DIAGNOSES:****I. Perforating, intraoral gunshot wound of the head, contact range**

- A. Path: palate, basilar skull, pituitary, brain, skull, scalp
- B. Trajectory: front to back, upward
- C. Associated injuries:
  - 1. Periorbital ecchymosis
  - 2. Avulsion, incisors
  - 3. Mucosal lacerations, lips and gingivae
  - 4. Subscalpular and subgaleal hemorrhage
  - 5. Fractures, facial, calvarial, and basilar skull
  - 6. Subarachnoid hemorrhages
  - 7. Intraparenchymal and cortical contusions, temporal lobes and basal ganglia
  - 8. Intraventricular hemorrhage
  - 9. Pneumocephalus, by computed tomography

**II. Blunt trauma**

- A. Contusions, abrasions, and lacerations, hands
- B. Contusion, posterior thigh

**III. Hepatic steatosis, mild****IV. Simple cyst, left renal cortex****SUMMARY AND OPINION:**

This 21-year-old man, William Atchison, died of an intra-oral gunshot wound of the head.

According to investigative reports, Mr. Atchison entered a high school in Aztec, New Mexico on 12/7/2017 in the morning. He reportedly fired a handgun and shot two students (OMI# 2017-06754 and OMI# 2017-06755), prior to taking his own life.

Autopsy revealed a single, contact-range, intraoral gunshot wound of the head with lethal injuries of the skull and brain. Numerous skull and facial fractures were associated with air in the cranial vault, as well as bleeding around and within the brain. A projectile was not retained. Additional injuries included bruises, skin scrapes and small skin tears on the knuckles of the hands, as well as a bruise on the thigh. Faint ink markings were on the skin of the lower extremities.

Evidence of natural disease included mild fatty changes in the liver and a non-cancerous cyst in the left kidney.

Toxicology analysis of the postmortem femoral blood and urine was negative for alcohol and common drugs of abuse.

Mr. Atchison died as the result of a self-inflicted, intraoral gunshot wound of the head. The manner of death is suicide.

**Medical Investigator**

Lauren E Dvorscak, MD

**Medical Investigator Trainee**

Mark Giffen, DO

**External exam date time:** 12/8/2017 8:51:00 AM**Authority for examination:** OMI**ID confirmed at time of exam:** Yes**Means used to confirm identity:** Visual**Other verification means:****Location of orange bracelet:** Right wrist**Name on orange bracelet:** Decedent name**Other name on orange bracelet:****Location of green bracelet:** Right wrist**Name on green bracelet:** Decedent name**Other name on green bracelet:****Hospital ID tags or bracelets?** No**If yes specify stated name and location:****Body length (cm):** 176.00**Body weight (kgs):** 48.60**BMI:** 15.69**Development:** Well-developed**Development comments:****Stature:** Thin**Age:** Appears to be stated age**Anasarca:** No**Edema localized:** No**Dehydration:** No**Skin comments:**

The facial skin is freckled.

**Scalp hair color:** Brown**Scalp hair length:** Short**Eyes:** Both eyes present**Irides:** Brown**Eyes corneae:** Translucent**Eyes sclerae:** White**Eyes conjunctivae:** Translucent**Eyes petechiae:** No**Palpebral petechiae:** No**Bulbar petechiae:** No**Facial petechiae:** No

**Oral mucosal petechiae:** No  
**Nose:** Normally formed  
**Ears:** Normally formed  
**Lips:** Normally formed

**Facial comments:**  
Paper material is within both external ear canals.

Please refer to the "evidence of injuries" section for a description of periorbital ecchymosis.

**Facial hair:** Stubble in the pattern of a beard  
**Facial hair color:** Does not apply  
**Maxillary dentition:** Natural  
**Mandibular dentition:** Natural  
**Condition of dentition:** Adequate

**Dentition comments:**

Please refer to the "evidence of injuries" section for additional information.

**Neck:** Unremarkable  
**Trachea midline:** Yes  
**Chest development:** Normal  
**Chest symmetrical:** Yes  
**Chest diameter:** Appropriate  
**Abdomen:** Flat  
**Anus:** Unremarkable  
**Back:** Unremarkable  
**Spine:** Normal  
**External genitalia:** Male  
**Breast development:** None  
**Breast masses:** None  
**Right hand digits complete:** Yes  
**Left hand digits complete:** Yes  
**Right foot digits complete:** Yes  
**Left foot digits complete:** Yes  
**Extremities:** Well-developed and symmetrical

**Extremities comment:**

The hands are covered in paper bags, secured at the wrists with tape.

**Muscle group atrophy:** No  
**Senile purpura:** No  
**Pitting edema:** No  
**Muscle other:** No

Tattoo(s)

**Tattoos present:** No

Cosmetic Piercing(s)

**Cosmetic piercing present:** No**Scar(s)****Scar(s) present:** Yes**Scar right lower leg:** Yes**External exam comment:**

Faint ink markings and a symbol are on the skin, generally oriented upside-down, as follows:

1. On the left, upper thigh are markings that appear as "SS", "AMOG" and a swastika symbol.
2. Above the left knee is a marking that appears as "BUILD WALL".
3. In the right groin is a marking that appears as "your home".

A trace hair is collected from the left hand and packaged as evidence.

**Reporting Tracking****Reported by:** Mark Giffen, DO**Verified by:** Lauren E Dvorscak, MD on 2/1/2018 10:03:00 AM**Reviewed and approved by:** Lauren E Dvorscak, MD on 2/2/2018 4:21:42 PM

**Medical Investigator**

Lauren E Dvorscak, MD

**Medical Investigator Trainee**

Mark Giffen, DO

**Evidence of medical intervention:** No**Report Tracking****Reported by:** Mark Giffen, DO**Verified by:** Lauren E Dvorscak, MD on 2/1/2018 10:09:19 AM**Reviewed and approved by:** Lauren E Dvorscak, MD on 2/2/2018 4:21:42 PM

**Medical Investigator**

Lauren E Dvorscak, MD

**Medical Investigator Trainee**

Mark Giffen, DO

**External exam date:** 12/8/2017 8:51:00 AM**Body temperature:** Cool subsequent to refrigeration**Rigor mortis:** Partially fixed**Livor mortis - color:** Purple**Livor mortis - fixation  
(if applicable):** Fully Fixed**Livor mortis - position  
(if applicable):** Posterior**State of preservation:** No decomposition**Report Tracking****Reported by:** Mark Giffen, DO**Verified by:** Lauren E Dvorscak, MD on 2/1/2018 10:09:35 AM**Reviewed and approved by:** Lauren E Dvorscak, MD on 2/2/2018 4:21:42 PM

**Medical Investigator**

Lauren E Dvorscak, MD

**Medical Investigator Trainee**

Mark Giffen, DO

Are there any injuries:

Yes

**Evidence of Injury:**

Autopsy date:

12/8/2017 8:51:00 AM

#	Injury	Location	Injury Description
1	Firearm injury	Head	<p>GUNSHOT WOUND OF HEAD, INTRAORAL</p> <p>Entrance:</p> <p>On the left side of the hard palate, approximately 14.5 cm inferior to the top of the head and 1 cm left of anterior midline is an entrance gunshot wound consisting of a 2 x 1.8 cm, irregular defect. When viewed from below, a circumferential mucosal abrasion measures up to 0.3 cm in width at 6 o'clock. Soot is within the mouth, visible at the wound edges and within the wound track. No stippling is visible surrounding the entrance wound.</p> <p>Path:</p> <p>The hemorrhagic wound track sequentially perforates the left side of the hard palate, basilar skull, anterior sella turcica, pituitary gland, dura, left optic nerve, left basal ganglia, anterior corpus callosum, left medial parietal lobe, dura, left parietal skull near the vertex, and left parietal scalp. A projectile is not retained.</p> <p>Associated injuries:</p> <p>Blue-purple, periorbital ecchymosis is most prominent on the upper eyelids, measuring up to 4.5 x 3 cm on the right and 3 x 2.5 cm on the left. Blood is within the right external ear canal.</p> <p>The maxillary incisors demonstrate variable avulsion from the tooth sockets. The upper and lower lips are lacerated, with extension to the gingival surfaces. The hard palate has a midline fracture. Bloody fluid is within the upper and lower airways.</p> <p>Reflection of the scalp reveals patchy subscalpular hemorrhage. Focal subgaleal hemorrhage is at the posterior parieto-occipital skull, predominantly on the right side.</p> <p>Numerous calvarial and basilar skull fractures are present. Skull fractures also involve the bilateral orbits, the crista galli, and bilateral sphenoid wings. The exit wound in the calvarium is associated with external beveling of the outer skull table. The sella turcica and pituitary gland are disrupted. The anterior basilar circulation is disrupted; however the remainder of the Circle of Willis is overall intact.</p> <p>Patchy subarachnoid hemorrhages are present, involving the</p>

		<p>bilateral cerebral hemorrhages and right cerebellar lobe. Intraventricular hemorrhage is present within the lateral ventricles. Cortical contusions and intraparenchymal hemorrhage involve the bilateral medial temporal lobes, and basal ganglia.</p> <p>Pneumocephalus is detected by postmortem computed tomography scans. Please refer to the "postmortem computed tomography" section for additional information.</p> <p>Exit:</p> <p>On the left parietal scalp, 1 cm left of the superior midline and at the vertex of the head is a 1.5 x 1.3 cm, stellate laceration without marginal abrasion.</p> <p>Trajectory:</p> <p>The wound track travels from the decedent's front to back and upwards.</p> <p>Clothing:</p> <p>On the hood area of the black sweatshirt is a 3 x 3 cm, irregular, frayed defect likely corresponding to the exit wound. Soot or unburned gunpowder particles are not visible on the fabric surrounding the defect.</p>
2	Blunt injury	<p>Extremities</p> <p>On the right shoulder is a 3 x 2 cm, dried, red contusion.</p> <p>On the dorsal surfaces of the hands, at the knuckles, are red-purple contusions, with innumerable abrasions and superficial lacerations. The contusions involve an area up to 11 x 8.5 cm on the right hand, and up to 13 x 9 cm on the left hand. The abrasions and lacerations individually measure up to 1 cm in maximal dimension.</p> <p>A 4 x 1.5 cm, yellow-green, contusion is on the left, posterior thigh.</p>

## Report Tracking

**Reported by:**  
Mark Giffen, DO  
**Verified by:**  
Lauren E Dvorscak, MD on 2/1/2018 11:19:37 AM  
**Reviewed and approved by:**  
Lauren E Dvorscak, MD on 2/2/2018 4:21:42 PM

**Medical Investigator**

Lauren E Dvorscak, MD

**Medical Investigator Trainee**

Mark Giffen, DO

**Date of Autopsy:** 12/8/2017 8:51:00 AM**Date of Internal Exam:** 12/8/2017 8:51:00 AM**BODY CAVITIES****Chest cavities examined:** Yes**See evidence of injury section** No**Organs in normal anatomic position** Yes**Other organ position comments****Diaphragm:** Intact**Serosal surfaces:** Smooth and glistening**Body cavity adhesions present:** No**Fluid accumulation present:** No**HEAD****Brain examined:** Yes**See separate forensic neuropathology consultation report** No**See evidence of injury section:** Yes**See evidence of medical Intervention section:** No**See postmortem changes section:** No**Brain fresh (g):** 1320**Brain fixed (g):****Facial skeleton:** See Evidence of Injury**Calvarium:** See Evidence of Injury**Skull base:** See Evidence of Injury**Skull comments:****Dura mater:** See Evidence of Injuries**Dural venous sinuses:** Patent**Leptomeninges:** See Evidence of Injuries**Epidural hemorrhages / hematomas:** Absent**Subdural hemorrhages / hematomas:** Absent**Subarachnoid hemorrhages:** See Evidence of Injury**Cerebral hemispheres:** See Evidence of Injuries**Gyral and sulcal patterns:** Unremarkable**Gyral convolutions and sulci:** No widening or flattening of gyri and no narrowing of sulci**Uncal processes:** Unremarkable**Cerebellar tonsils:** Unremarkable

**Cranial nerves:** See Evidence of Injury  
**Basilar arterial vasculature:** Other - See comments  
**Cerebral cortex:** See Evidence of Injury  
**White matter:** See Evidence of Injury  
**Corpus callosum:** See Evidence of Injury  
**Deep gray matter structures:** See Evidence of Injury  
**Brainstem:** Unremarkable  
**Cerebellum:** Unremarkable

**Other brain comments:**

The anterior basilar arterial vasculature is focally disrupted. The remainder of the vasculature is unremarkable, without evidence of atherosclerotic plaques. Please refer to the "evidence of injuries" section.

**Spinal Cord**

**Spinal cord examined:** No

**Middle Ears**

**Middle ears examined:** No

**Neck**

**Neck examined:** Yes

**See Evidence of Injury section:** No

**See Evidence of Medical Intervention section:** No

**See Postmortem Changes section:** No

**Subcutaneous soft tissues:** Unremarkable

**Strap muscles:** Unremarkable

**Jugular veins:** Unremarkable

**Carotid arteries:** Unremarkable

**Tongue:** Unremarkable

**Epiglottis:** Unremarkable

**Hyoid bone:** Unremarkable

**Larynx:** Unremarkable

**Palatine tonsils:** Not examined

**CARDIOVASCULAR SYSTEM**

**Heart examined:** Yes

**See separate Cardiovascular Pathology report:** No

**See Evidence of Injury section:** No

**See Evidence of Medical Intervention section:** No

**See Postmortem Changes section:** No

**Heart**

**Right coronary ostium position:** Normal

**Left coronary ostium position:** Normal

**Supply of the posterior myocardium:** Right coronary artery

**Heart fresh (g):** 205.0

## Heart fixed (g):

Coronary artery stenosis by atherosclerosis (in percent):	
Right coronary ostium:	0
Proximal third right coronary artery:	0
Middle third right coronary artery:	0
Distal third right coronary artery:	0
Left coronary ostium:	0
Left main coronary artery:	0
Proximal third left anterior descending coronary artery:	0
Middle third left anterior descending coronary artery:	0
Distal third left anterior descending coronary artery:	0
Proximal third left circumflex coronary artery:	0
Middle third left circumflex coronary artery:	0
Distal third left circumflex coronary artery:	0

## Cardiac Chambers and Valves:

Cardiac chambers:	Unremarkable
Tricuspid valve:	Unremarkable
Pulmonic valve:	Unremarkable
Mitral valve:	Other - See comments
Aortic valve:	Unremarkable

## Other valve comments:

The mitral valve leaflets are mildly thickened but flexible.

Right ventricular myocardium:	No fibrosis, erythema, pathologic infiltration of adipose tissue or areas of accentuated softening or induration
Left ventricular myocardium:	No fibrosis, erythema, or areas of accentuated softening or induration
Atrial septum:	Unremarkable
Ventricular septum:	Unremarkable
Right ventricular free wall thickness:	0.3 cm
Left ventricular free wall thickness:	0.6 cm
Interventricular septum thickness:	0.7 cm

## Aorta

Aorta examined:	Yes
Orifices of the major vascular branches:	Patent
Coarctation:	No
Vascular dissection:	No
Aneurysm formation:	No
Complex atherosclerosis:	No

**Other aortic pathology:** No

**Vena Cava**

**Great vessels examined:** Yes

**Vena cava and major tributaries:** Patent

**RESPIRATORY SYSTEM**

**Lungs examined:** Yes

**See separate Cardiovascular Pathology report:** No

**See Evidence of Injury section:** No

**See Evidence of Medical Intervention section:** No

**See Postmortem Changes section:** No

**Lung right (g):** 375

**Lung left (g):** 150

**Upper and lower airways:** Other - See comments

**Pulmonary parenchyma color:** Other - See comments

**Pulmonary parenchyma congestion and edema:** Slight amounts of blood and frothy fluid

**Pulmonary trunk:** Free of saddle embolus

**Pulmonary artery thrombi:** None

**Pulmonary artery atherosclerosis:** None

**Other airway and lung comments:**

Bloody mucoid material is within the upper and lower airways. The pulmonary parenchyma is alternately light pink and dark red-purple.

**HEPATOBILIARY SYSTEM**

**Liver examined:** Yes

**See Evidence of Injury section:** No

**See Evidence of Medical Intervention section:** No

**See Postmortem Changes section:** No

**Liver (g):** 920

**Bile vol (mL):** 10

**Gallstones autopsy:** No

**Gallstones autopsy desc:**

**Hepatic parenchyma (color):** Red-brown

**Hepatic parenchyma (texture):** Unremarkable

**Hepatic vasculature:** Unremarkable and free of thrombus

**Gallbladder:** Unremarkable

**Gallstones:** None

**Intrahepatic biliary tree:** Unremarkable

**Extrahepatic biliary tree:** Unremarkable

**GASTROINTESTINAL SYSTEM**

**Alimentary tract examined:** Yes

**See Evidence of Injury section:** No

**See Evidence of Medical Intervention section:** No

**See Postmortem Changes section:** No

**Stomach contents vol (mL):** 50

**Stomach contents description:**

Thin brown fluid

**Appendix found:** No

#### Esophagus

**Course:** Normal course without fistulae

**Mucosa:** Gray-white, smooth and without lesions

#### Stomach

**Mucosa:** Usual rugal folds

**Pylorus:** Patent and without muscular hypertrophy

#### Small Intestine

**Luminal contents:** Partially digested food

**Mucosa:** Unremarkable

**Caliber and continuity:** Appropriate caliber without interruption of luminal continuity

#### Colon

**Luminal contents:** Formed stool

**Mucosa:** Unremarkable

**Caliber and continuity:** Appropriate caliber without interruption of luminal continuity

#### Pancreas

**Form:** Normal tan, lobulated appearance

#### GENITOURINARY SYSTEM

**Genitourinary system examined:** Yes

**See Evidence of Injury section:** No

**See Evidence of Medical Intervention section:** No

**See Postmortem Changes section:** No

#### Kidneys

**Kidneys capsules:** Thin, semitransparent

**Cortical surfaces:** Smooth

**Cortices:** Normal thickness and well-delineated from the medullary pyramids

**Calyces, pelvis and ureters:** Non-dilated and free of stones and masses

**Other kidney comments:**

The left kidney has a 0.5 cm, smooth walled, uniloculated cyst containing clear, yellow fluid.

**Kidney right (g):** 85

**Kidney left (g):** 85

**Urine volume (mL):** 20

**Urine description:**

light yellow

#### Urinary Bladder

**Urinary bladder mucosa:** Gray-tan and smooth

**Male**

**Male:** Yes

**Testicles**

**Location:** Bilaterally intrascrotal

**Size:** Unremarkable

**Consistency:** Homogeneous

**Other testicle comments:**

**Prostate Gland**

**Size:** Unremarkable

**Consistency:** Homogeneous

**Other prostate gland comments:**

**RETICULOENDOTHELIAL SYSTEM**

**Reticuloendothelial system examined:** Yes

**See Evidence of Injury section:** No

**See Evidence of Medical Intervention section:** No

**See Postmortem Changes section:** No

**Spleen**

**Spleen (g):** 135

**Spleen parenchyma:** Moderately firm

**Spleen capsule:** Intact

**Spleen white pulp:** Prominent

**Bone Marrow**

**Color:** Red-brown, homogeneous and ample

**Lymph Nodes**

**Regional adenopathy:** No adenopathy

**Thymus**

**Thymus (g):** 0

**Parenchyma:** Absent (involution by adipose tissue)

**ENDOCRINE SYSTEM**

**Endocrine system examined:** Yes

**See Evidence of Injury section:** Yes

**See Evidence of Medical Intervention section:** No

**See Postmortem Changes section:** No

**Pituitary Gland**

**Size:** Other - See comments

**Other pituitary gland comments:**

The pituitary gland is disrupted. Please refer to the "evidence of injuries" section.

**Thyroid Gland**

**Position:** Normal

**Size:** Normal

**Parenchyma:** Homogeneous

**Adrenal Glands**

**Adrenal right (g):** 10

**Adrenal left (g):** 10

**Size:** Normal

**Parenchyma:** Yellow cortices and gray medullae with the expected corticomedullary ratio

**MUSCULOSKELETAL SYSTEM**

**Musculoskeletal system examined:** Yes

**See Evidence of Injury section:** Yes

**See Evidence of Medical Intervention section:** No

**See Postmortem Changes section:** No

**Bony framework:** See Evidence of Injury

**Musculature:** See Evidence of Injury

**Subcutaneous soft tissues:** See Evidence of Injury

**Other musculoskeletal system comments:** The uninjured bony framework, musculature, and subcutaneous soft tissues are unremarkable.

**ADDITIONAL COMMENTS****Report Tracking**

**Reported by:** Mark Giffen, DO

**Verified by:** Lauren E Dvorscak, MD on 2/1/2018 11:46:23 AM

**Reviewed and approved by:** Lauren E Dvorscak, MD on 2/2/2018 4:21:42 PM

**Medical Investigator**

Lauren E Dvorscak, MD

**Medical Investigator Trainee**

Mark Giffen, DO

**Microscopic description:**

The hepatocytes are arranged into plates 1-2 cell layers thick with patchy areas of mild, mixed macro- and microvesicular steatosis. The portal tracts contain an appropriate number of bile ducts and blood vessels without significant fibrosis and rare chronic inflammation. The central veins are mildly dilated but patent without thrombosis.

The pancreas is autolyzed. No significant inflammation or fibrosis are present.

The left kidney does not demonstrate any significant glomerular sclerosis or interstitial inflammation. The tubules have mild autolytic change without inflammation, tubule drop out or fibrosis. No polarizable material is present.

The heart has no significant inflammation or fibrosis. The cardiac myocytes are unremarkable. The myocardial vessels are patent without significant medial hypertrophy or thrombosis.

The lungs have normal alveolar architecture with patchy areas of intra-alveolar erythrocytes. The interstitium adjacent to the bronchi and bronchioles demonstrates focal aggregates of pigment laden macrophages. No significant fibrosis or acute inflammation is present. No polarizable material is present.

The left parietal lobe contains foci of intraparenchymal hemorrhage and intra-dural, as well as subarachnoid hemorrhage comprised predominantly of intact erythrocytes. The left basal ganglia also has intraparenchymal hemorrhage. No gliosis, inflammation or hypoxic ischemic changes are present.

\*Unless otherwise indicated sections are stained only with hematoxylin and eosin (H&E).

Block	Tissue Location	Description	Stain
A1	Liver, Pancreas and Left kidney		
A2	Left ventricle, Upper lobe of left lung and Lower lobe of right lung		
A3	Left parietal lobe with subarachnoid hemorrhage		
A4	Left basal ganglia with contusion		

**Report Tracking**

**Reported by:** Mark Giffen, DO

**Verified by:** Lauren E Dvorscak, MD on 2/1/2018 10:36:43 AM

**Reviewed and approved by:** Lauren E Dvorscak, MD on 2/2/2018 4:21:42 PM

**Medical Investigator**

Lauren E Dvorscak, MD

**Date of examination:** 12/8/2017 8:51:00 AM**Study date:** 12/8/2017 7:19:00 AM**Accession number:** 2017-06753OMICT**Exam type:** Postmortem full body computed tomography**Technique:** Standard**Comparison:** None**Comments:**

Evidence of perforating trauma includes a defect of the hard palate that extends through the skull base and sella turcica. Associated injuries include fractures of the hard palate and frontal bones, extending through the orbits, as well as fractures of the parietal bones.

A defect of the left, posterior parietal calvarium is associated with radiating fractures of the parietal and occipital bones.

Pneumocephalus is present. Scattered subarachnoid hemorrhages and intraventricular hemorrhage are present.

Dental restorations are detected.

A small, left renal cyst is present. No evidence of significant natural disease or additional significant injuries are detected by postmortem computed tomography scans.

**Report Tracking****Reported by:** Mark Giffen, DO**Verified by:** Lauren E Dvorscak, MD on 2/1/2018 10:23:55 AM**Reviewed and approved by:** Lauren E Dvorscak, MD on 2/2/2018 4:21:42 PM

Case Number: 2017-06753  
Decedent Name: ATCHISON, WILLIAM  
Pathologist: Lauren E Dvorscak, MD  
Fellow/Resident: Mark Giffen, DO  
Date of Examination: 12/8/2017 8:51:00 AM

**Morphology technician(s) present**

Yellow Sheet	Morphology Technician
Autopsy	Jordan Sousa
Evidence	Jordan Sousa
Radiology	Jordan Sousa
Identification	Jordan Sousa
LabOther	Jordan Sousa
Evidence	Jordan Sousa
Retention	Jordan Sousa
Attendees	Jordan Sousa

**Morphology technician supervisor(s) present**

Yellow Sheet	Morphology Technician Lead
Radiology	Sharon Howard
Retention	Sharon Howard
LabOther	Erika Cavalier
Attendees	Sharon Howard
Identification	Sharon Howard
Autopsy	Cassandra Toledo
Evidence	Sharon Howard

**Autopsy attendees****Other morphology technicians present:**

Sharon Howard- Senior Technician

**Specimens obtained for laboratory testing**

HIV serology: No  
HIV spin and store: Yes  
HCV/HBV serology : No  
Influenza serology: No  
Other serology: No  
Freezer protocol: No  
DNA card: Yes  
Metabolic screen: No  
Cytogenetics: No  
Med-X protocol: No  
Urine dipstick: No  
Blood cultures (bacterial): No  
Lung cultures (bacterial): No  
CSF culture (bacterial): No  
Spleen culture (bacterial): No  
Stool culture (bacterial): No  
Other bacterial culture (specify):  
Mycobacterial culture (lung): No  
Mycobacterial culture (other): No  
Viral Cultures: No

**Approach to autopsy dissection**

Rokitansky evisceration: No  
Virchow evisceration: Yes  
Modified evisceration: No

Special autopsy techniques	
HIV serology:	No
Pericranial membrane removal:	No
Neck anterior dissection:	No
Neck posterior dissection:	No
Facial dissection:	No
Vertebral artery dissection (in situ):	No
Cervical spine removal:	No
Layered anterior trunk dissection:	No
Anterolateral rib arc dissection:	No
Back dissection:	No
Posterior rib arc dissection:	No
Extremity soft tissue dissection:	No
Eye enucleation:	No
Inner middle ear evaluation:	No
Maxilla or mandible resection:	No
Spinal cord removal (anterior):	No
Spinal cord removal (posterior):	No
Other dissection(s):	

Tissues retention	
Stock jar with standard tissue retention:	Yes
Rib segment:	Yes
Pituitary gland:	Yes
Breast tissue (women only):	No
Brain retention:	No
Spinal cord retention:	No
Cervical spine retention:	No
Heart retention:	No
Heart-lung block retention:	No
Rib cage retention:	No
Long bone retention:	No
Other retention,specify:	

Disposition of tissues retained for extended examination	
Specimen outcome:	Not applicable; no tissues were retained for extended examination.

## Number of scene photos produced by the OMI

**Scene Photos:** 117

## Number of autopsy photos produced by the OMI

**Autopsy Photos:** 103

## Evidence collected

**FBI blood tube:** No**Blood spot card:** No**APD blood card:** Yes**Thumbprint:** Yes**Fingerprints:** No**Palmprints:** No**Print hold:** No**Oral swab:** No**Vaginal swab:** No**Anal swab:** No**Other swab:** Yes**Fingernails:** No**Scalp hair:** No**Pubic hair:** No**Pubic hair combing:** No**Projectile(s):** No**Retain clothing:** Yes**Retain valuables:** Yes**Retain trace evidence:** Yes**Retain body bag:** No**Retain hand bags:** Yes**Ligature:** No**Other evidence retained:**

## Personal effects

Property Type	Property Description	Property Detail
Hand Bag	Right Hand	n/a
Hand Bag	Left Hand	n/a
Valuables	Other	Sunglasses
Trace	Location	From Left Hand
Other	Other	Paper Ear Plugs
Other	Other	Cartridges
Swabs	Other	Left Hand- Wet
Swabs	Other	Left Hand- Dry
Swabs	Other	Right Hand- Wet
Swabs	Other	Right Hand- Dry
Blood	FTA Blood Card	n/a
Fingerprints	Describe	One set

**Clothing**

Property Type	Property Description	Property Detail
Clothing	Shirt	n/a
Clothing	Sweater	n/a
Clothing	Belt	n/a
Clothing	Pants	n/a
Clothing	Sweatpants	n/a
Clothing	Underpants	n/a
Clothing	Shoes	n/a
Clothing	Socks	n/a